



104 Ash Street East, Sisseton, SD 57262

Phone (605) 698-7654 Fax (605) 698-3038
Website: www.growsd.org Email: info@growsd.org

Dear Weatherization Applicant:

Enclosed you will find an application for the South Dakota Weatherization Assistance Program. In order for our agency to process your weatherization request, we will need the following documents completed and returned:

- 1) The enclosed/attached South Dakota Weatherization Assistance Application. The application must be filled out and signed by applicant **and** any co-applicants (co-applicants refers to any adult living in the household).
- 2) If you are not on the current fuel assistance, you will need to submit a copy of your last 3 months income for the household. To apply for energy assistance you may visit their website at <http://dss.sd.gov> or you may call 1-800-233-8503 to request an energy assistance application.
- 3) Proof of homeownership. This may be a copy of the property tax notice, deed, notarized contract for deed, or if a mobile home, a copy of the mobile home title.

If you have any questions, concerning your request, feel free to contact our agency.

Sincerely,
Kristin Hofland

Kristin Hofland
Weatherization Coordinator



GROW South Dakota Sisseton, SD

Weatherization Assistance Program

The home, as well as the applicant, will need to meet criteria for this program. It is the discretion of GROW South Dakota to cancel an application if the rehabilitation is not considered feasible.

- This program is in the form of a grant, there is no financial obligation to the applicant unless the applicant moves or sells the property within 2 years.
- If your home has received weatherization services after September 30, 1994, it will not be eligible for this program.
- Rental units can be eligible if they meet the DOE requirements. The landlord is responsible for 33.3% of the total cost unless the homeowner's income falls below 200% of the poverty income guidelines. There is additional paperwork that needs to be completed by the homeowner and applicant, prior to any approval for rental units.
- Ownership must be verified. A copy of the deed, contract for deed or property tax receipt must accompany the application. Ownership for mobile homes will need to be a copy of the title.
- A home audit is conducted by the GROW South Dakota Energy Auditor. Information is obtained and installed in the NEAT/MHEA computer program. This program will determine what measures, if any, are to be installed on the home.

Energy saving measures to be considered may include but are not limited to:

1. Insulation, proper ventilation.
2. Air infiltration measures, weather strip, glass replacement, foam sealant, caulk.
3. Minor health and safety measures, furnace clean and tune, water heater replacement.
4. Pressure balancing.
5. Furnace replacement/repair.
6. Minor repairs that will reduce energy consumption.

GROW South Dakota

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- WEATHERIZATION ASSISTANCE PROGRAM
- EMERGENCY FURNACE REPAIR/REPLACEMENT PROGRAM

Mailing Address **City** **State** **Zip Code** **County**

Residence Address **City** **State** **Zip Code** **County**

Provide Directions - use landmarks

Home Phone Number

Work phone Number

Cell phone Number

Other phone number to leave message

Email address

TELL US WHO LIVES IN THE HOME (LIST ALL HOUSEHOLD MEMBERS)

*You are not required to furnish race or gender information.

Name: First	MI	Last	Last 4 Digits of Social Security #	Date of birth	*Race: a=Native American b=Asian c=black d=Hawaiian e=white f=Other g=Mult-Race	*Ethnicity a=Hispanic b=Not Hispanic	*Gender M=Male F=Female O=Other	Disabled: Y=Yes N=No	Grade of Post Secondary School Completed	Insurance: a=Medicaid b=Medicare c=CHIP d=State Provided e=Military f=Direct paid g=Employer provided h=none	Military: A=Active b=Veteran

TELL US ABOUT INCOME & NON-CASH BENEFITS

Enter **GROSS INCOME (amount before deductions)** for all Types of Income: *Wages, *Self-employment, *Alimony, *Social Security, *SSI, *SSDI, *BIA GA, *EITC, *TANF, *Unemployment, *Worker's Compensation, *Retirement, *Pensions, *Annuities, *Dividends, *Rental Income, *Tribal Lease or *Per Capita Income, *AFDC, *TANF, *Child Support, *Net Gambling or Lottery Winnings, *VA Disability Compensation or VA Pension, and *all non-cash benefits: SNAP; WIC; LIHEAP; Housing Choice Voucher; Public Housing; Permanent Supportive Housing; HUD-VASH; Childcare Voucher; Affordable Care Act Subsidy; or Other . **FOR ALL PERSONS IN THE HOME.**

WORK STATUS: A=full time;b=part time;c=Migrant Seasonal Farm Worker; D=unemployes 6 mo. or less; E=Unemployes more than 6 mo.; f=not in labor force; g=retired

Income (indicate Frequency A. Weekly B. Bi-Weekly C. Semi-Monthly D. Monthly E. Quarterly F. Annually)

Person with Income	Work Status	Type of Income & Frequency	Gross Amount
			\$
			\$
			\$
			\$
			\$

TELL US ABOUT THE HOME

1. This is a
 ___ House: Number of Stories: ___ 1 ___ 2 ___ 3
 Built before 1978? ___ Yes ___ No
 Age of Home _____
 Permanent basement? ___ Yes ___ No
 ___ Mobile Home: Serial Number or Title Number _____

 ___ Apartment

6. Is the problem with:
 ___ Plumbing ___ Roofing
 ___ Electrical ___ Siding
 ___ Heating ___ Other Please List _____

2. Do you currently own or are you buying the home?
 ___ Yes ___ No If yes purchased from? _____

7. What type of Siding do you have?
 ___ Vinyl ___ Steel
 ___ Wood ___ Masonite
 ___ Stucco ___ Other _____

is this a contract for deed? ___ Yes ___ No
 is the residence for sale? ___ Yes ___ No
 have homeowners insurance? ___ Yes ___ No
 is it located in a flood zone? ___ Yes ___ No

8. The home has unhealthy conditions relating to:
 ___ Lead Based Paint (home built before 1978)
 ___ Mold/Mildew ___ Sewage fumes
 ___ Asbestos ___ Chemicals/Smoke Fumes
 ___ Other ___ Not aware of unhealthy conditions

*If you own the home, please **attach** a copy of the real estate tax notice and the deed to the property.*

If rent, Name of Landlord: _____
 Landlord Address: _____
 Landlord's Phone: _____

3. Is the home currently being remodeled/ or will be within the next 6 months. ___ Yes ___ No

4. Has the home ever been weatherized?
 ___ Yes ___ No ___ Unsure If yes, who did the weatherization? _____

5. The home is heated with:
 ___ Natural Gas ___ Electric ___ Wood
 ___ Fuel Oil ___ Kerosene ___ Coal
 ___ Propane/Bottled Gas

Have you ever received a forgivable loan or down payment assistance through another Affordable Housing Project such as, Homes are Possible Inc. (HAPI), Home Ownership Assistance Program (HOAP), Northeast South Dakota Community Action Program (NESDCAP), Opportunities for Independent Living (OIL), South Dakota Housing Development Authority (SDHDA) or Sisseton-Wahpeton Oyate (SWO)?
 ___ Yes ___ No

TELL US ABOUT THE HOME

Privacy Act Information: This information will be used to determine your eligibility for the program. In addition, this information may be used for investigative or prosecutorial proceedings in the event of fraudulent claims or statements. If you refuse to provide the information requested on this application, your home will not be considered for assistance. No information on this application is made available to the general public. This authorization is given only in connection with its use by GROW South Dakota in its administration of its programs and for no other purpose. It shall continue in effect until such time as I state, in writing, to GROW South Dakota.

By my signature below

- ⇒ I authorize the agency to make any necessary contacts to verify any aspect of eligibility.

- ⇒ I authorize investigation of past, present and future heating costs in order to evaluate the effectiveness of the Weatherization Program.

- ⇒ I authorize employees of GROW South Dakota to perform, monitor and inspect work.

- ⇒ I authorize Office of Energy Assistance and Weatherization staff of the Department of Social Services to monitor to ensure quality Weatherization work.

- ⇒ I agree to report if the home is scheduled for acquisition or clearance by a Federal, State or local program within 12 months from the date Weatherization work is scheduled.

- ⇒ I authorize any person, agency or institution to supply information requested by GROW South Dakota concerning me or my family and to allow reproduction of records in their possession pertaining to me or my family by a duly authorized representative of GROW South Dakota.

- ⇒ I understand that any false statement made in this application is legal grounds for prosecution by any agency of the government using this application as a basis for assistance and certify, under penalty of perjury, the truth of the information in this application.

- ⇒ I have furnished this application information to the best of my knowledge and by this signature approve and verify it.

- ⇒ Any misrepresentation regarding this information may lead to the recapture of the total amount of funds allocated to each project.

Applicant Signature

Date

Co-Applicant Signature

Date

AGENCY USE ONLY

Approved by

Date Approved

in Household _____ Total income _____ Maximum Allowable Income _____